

## **Executive Summary - Maternal and Infant Health in Utah**

The health of women during reproductive years plays an important role in determining the health of babies they may have and the health of the entire family, as women are often the health care brokers for families. Health and lifestyle practices during pregnancy can ensure a healthy outcome for the mother as well as the newborn. Since the risk of morbidity and mortality is highest at infancy, appropriate care during pregnancy and infancy can lead to life-long health of the infant as well. Research also points to the importance of health and lifestyle practices before pregnancy. Planning pregnancies contributes to improved pregnancy outcomes, as well as a reduction in the number of abortions. Pregnancy generally results in a healthy outcome for both mother and infant, but occasionally poor outcomes, such as pregnancy complications, miscarriage, fetal death, preterm birth, infant death, and rarely, maternal death due to pregnancy-related complications, occur. Thousands of infants are born in Utah yearly who are healthy and go on to live long productive lives.

### **Women of Childbearing Age in Utah**

- Utah has a higher percentage of women of reproductive years than in the nation as a whole (47% versus 44%).
- Utah women are less likely to use tobacco, alcohol or other drugs compared to women nationally.
- Utah women report more days of physical or mental illness than women do nationally.

### **Childbearing in Utah**

- Utah has the highest fertility rate in the nation.
- The majority of Utah pregnant women enter prenatal care in the first three months of pregnancy (85%). Utah has a very low rate of late entry or no prenatal care (2.8%).
- Utah women who do not receive any prenatal care have much higher rates of low birth weight infants (those weighing less than 2,500 grams).
- Infants of Utah women with closely spaced pregnancies (a pregnancy conceived within 12 months of a previous live birth) have increased risk for low birth weight and infant mortality.
- Publicly-funded family planning clinics in Utah serve more than 30,000 women per year.

**Outcomes of Pregnancy**

- The fetal death rate in Utah is lower than the U.S. rate. Fetal death ratios are higher among women of advancing childbearing age, and among women with more than one previous live birth.
- Utah has a relatively low rate of obstetric complications compared with other states studied. Utah's rate of cesarean section is lower than the national average.
- Low birth weight rates in Utah are experiencing a slightly increasing trend, as are national rates.
- Utah's percentage of preterm births was 9.2% in 1995, slightly lower than the national white population percentage of 9.6%. The percentage of preterm births occurring among infants 28 to 36 weeks of gestation has been increasing during the past decade, perhaps due to improved technologies allowing for earlier intervention and/or delivery to prevent intrauterine fetal demise.

**Newborn Health**

- Mortality among Utah infants has decreased from more than 8 per 1,000 live births in 1984 to 5.4 per 1,000 live births in 1995, a rate lower than the national average.
- About 40% of all infants born in Utah receive WIC services.
- Anemia among WIC infants has decreased from 19% in 1991 to 13% in 1995.
- More Utah infants in the general population, as well as in the WIC population, are breastfed after birth through six months of age than those nationally.